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SEPTEMBER
1975

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Founded in 1942 by Edward P. Bagg, Jr., M.D. and William A. R. Chapin, M.D.

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THE HAMPDEN HIPPOCRAT is published monthly except for July and August.

The opinions expressed in this bulletin are those of the writers and do not reflect the official viewpoint of the Hampden District Medical Society unless so stated.

Communications pertaining to editorial content should be addressed to the Editor-in-Chief, 24 Salem Road, Longmeadow, Mass. 01106

Business communications should be addressed to the Business Manager, 91 School Street, Springfield, Mass. 01105

Communications pertaining to advertising should be addressed to Mrs. Arthur Willard, 62 Irvington Street, Springfield, Mass., 01108; Telephone: 733-5336.

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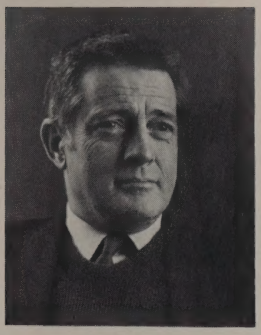

Your President's Page

Words Of Caution And Advice

Fellows:

While this issue of the *Hippocrat* is concerning the AMA, I would like to take this time to re-emphasize the material sent to you in the HDMS newsletter concerning controlled substances. As you probably have already read we sent this in order to protect and inform the members concerning the federal requirements governing controlled substances. This law was passed in 1970 and it is now being implemented somewhat more vigorously. The classes that are mentioned correspond to the Massachusetts Controlled Substances law but the nomenclature is different. In Massachusetts it is divided into A, B, C, D, E classifications where the federal government divides them into I, II, III, IV, and V.

Some of our members have already found themselves legally involved due to this law and because of the general tendency on the part of physicians to be "accommodating" to known patients for their needs. After talking to the authorities one of the major complaints which was not put into the newsletters was that the law is interpreted by the authorities to mean the physician must perform an examination before dispensing and they felt that this was not always done. This leads all of us to some very specific conclusions. It would be well for everybody to read the drug schedules to determine the restrictions each drug is under. It would also be well to develop office policies which protect against the possibility of becoming involved in the writing of a prescription or in the phoning of a script for one of these substances without examination. Take the time to tell patients of the law changes, of the enforcement by the narcotics division, state and federal, and therefore the reasons why the physician may not fill prescriptions via the telephone without laying eyes or hands on the patient in order to protect against criminal action by the law enforcement agencies. I urge you to be very careful and to read this material in order to guarantee that you will not be suddenly faced with arrest, indictment and the judicial process.

As a final note I would hope that as many as see fit in our District Medical Society will continue to belong or will join the American Medical Association. I Feel that we, as practicing physicians, have a gripe with some aspects of the American Medical Association and I feel that for many of us we have felt very let down by this area of organized medicine. I think the AMA does represent the major input collectively that we have available to us for governmental recognition of our needs. It is obvious that the American Medical Association does not always serve each and everyone of our purposes but no democratic organization can ever achieve this. It is also evident that at times in the past they have perhaps made judgments that were not to the liking and understanding of many of us but again I do feel they have tried most of the time to be representative.

The AMA is now in a very great time of need.

Join them, please.

GARDNER COX, II M.D.

District Meeting
of the

HAMPDEN DISTRICT MEDICAL SOCIETY

Tuesday, September 23, 1975

BUSINESS MEETING AT 6:00 P.M.
SOCIAL HOUR AT 7:00 P.M.
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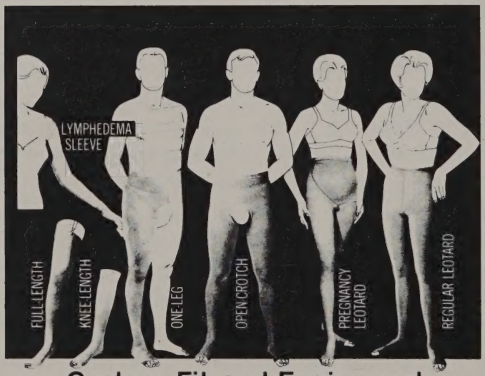

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HDMS Dates to Remember for 1975-76

Hampden District Medical Society
Tuesday, September 23, 1975
Baystate West
Tuesday, November 25, 1975
Yankee Pedlar
Tuesday, February 3, 1976
Storrowton
Tuesday, April 27, 1976
Chez Josef

Executive Committee Meetings
October 21, 1975
November 18, 1975
December 16, 1975
January 20, 1976
February 17, 1976
March 16, 1976
April 20, 1976
May 18, 1976
June 8, 1976

Censor Meetings
Thursday, December 4, 1975
Thursday, May 6, 1976

Pre-Council Meetings
Thursday, September 4, 1975
Thursday, January 8, 1976
Thursday, April 15, 1976

State Executive Meetings
Wednesday, September 10, 1975
Wednesday, January 14, 1976
Wednesday, April 21, 1976
Wednesday, September 15, 1976

State Council Meetings
Wednesday, October 8, 1975
Wednesday, February 11, 1976
Wednesday, May 19, 1976
Wednesday, October 13, 1976

State Annual Meeting
May 25-26, 1976

American Medical Association Meetings
CLINICAL
Honolulu, Hawaii
November 30-December 4, 1975
Philadelphia, Pa.
November 28-December 1, 1976
Chicago, Illinois
December 4-7, 1977

ANNUAL
1976 Dallas, Texas
June 27-July 1

IN MEMORIAM

Pasquale Conrad Caia, M.D.

Dr. Pasquale Conrad Caia of 76 Cooley Drive, Longmeadow died Sunday, August 24, 1975 at Mercy Hospital.

A native of Naples, Italy, he lived in Springfield for forty years.

Dr. Caia graduated from Harvard University with a B.A. degree and received his medical degree from the Tufts University Medical School. Dr. Caia was on the staff of the Mercy Hospital.

Dr. Caia received the Selective Service Medal from President Harry S. Truman for uncompensated patriotic services rendered to the Selective Service System.

Deepest sympathy is extended to his family, friends and associates.

AMA PRESIDENTIAL MESSAGE

ORGANIZED MEDICINE Via A.M.A. 1975-1976

During the coming year, as president of the AMA, it will be my responsibility to join in the national debate on a number of issues affecting health care in the United States. My perception of this debate is that it is, essentially, a clash between two philosophies, between humanism and utilitarianism.

To the humanist, the physician and his patient are individuals, first and foremost. The essence of medicine lies in their personal relationship. The physician finds his human stature in service to the individual patient. And the patient finds stature, and reassurance as a human being, in the way he is served.

To the utilitarians, health care is not so much a service as a commodity, to be measured in mathematical units rather than in personal terms. They believe that if only the commodities of health can be more efficienctly organized, assembly-line style, then the consuming public will be eternally blessed.

Much of this train of thought rumbles through the comprehensive health-planning measure which was enacted in the closing days of the last Congress.

The stress of the law is on efficiency. It makes efficiency experts out of the Secretary of Health, Education and Welfare, and the state and local planning agencies that will implement his guidelines.

The law enables the HEW Secretary to pull tight strings on the supply, distribution, organization, and even the rate structure of health resources, as though they could be manipulated like a public utility.

But health care can never be reduced to the numbers of efficiency experts. And even if it could, would it be desirable to achieve maximum efficiency in the treatment of patients? Grave dangers are present in a commitment to optimum health care output at the least cost. If emphasis is given to only two corners of the health-care triangle, volume of services and costs, the third corner, quality, is likely to suffer.

For example, Health Maintenance Organizations are required to serve large, diversified populations on a community basis, set uniform prepayment rates for all families or individuals, regardless of high medical risks, yet have a "fiscally sound operation." Caught between those possibly contradictory obligations, HMO's may be tempted to speed up patient visits, British National Health Service style, and curtail desirable but expensive procedures.

Efficiency economics, utilitarianism, could inhibit not only the giving of good care, but the potential for creating even better care.

In seeking the regulation of health care, the utilitarians admit to no infringement on medical freedom. Yet, regulation, by definition and by its very nature, is the obverse of freedom.

The prospect of increasing regulation, through the Health Planning act, a possible manpower act, and a possibly stringent form of National Health Insurance, means the physician would become less responsible to himself and what he can do, and more responsible to government and what it wants done.

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There must be a response to these incursions of government into the practice of medicine. The AMA, representing the majority of the nation's practicing physicians, has assumed that function.

The AMA has become more aggressive of late, as evidenced by our first lawsuit against the federal government asking for an injunction against the implementation of HEW regulations which impose utilization review within 24 hours of a patient's admittance to a hospital. And we filed on July 29, a suit against the imposition of maximum allowable drug cost regulations by HEW, which would limit a physician's choice of a drug to the lowest cost at which it is available.

We expect that our appearances in court on behalf of American physicians, and their right to practice medicine to the best interests of their individual patients, will increase over the coming months. It is, we feel, a stance that is necessary to preserve the individual spirit of medicine.

We must have an AMA that is strong and united enough to counterpoise the strength of central government and determined enough that medicine will serve no master, except service itself.

Max H. Parrott, M.D.
President
American Medical Association

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Biocap of Max H. Parrott, M.D.

One-Hundred-Thirtieth President
American Medical Association

Max H. Parrott, M.D., 1975-1976 President of the American Medical Association, practices in a five-member obstetrician-gynecologist specialty group in Portland, Oregon, where he entered private practice in 1949.

Prior to his election at the AMA's 1974 Annual Convention in Chicago, Dr. Parrott was the senior member of the AMA's Board of Trustees. Dr. Parrott had served continuously on the Board since 1966 and was its chairman from 1970-1971 and again during the 1971-1972 term.

In his service to the AMA Dr. Parrott has devoted major attention to the high priority areas of continuing medical education, computer systems and medical data banking.

Dr. Parrott envisions a future in which the AMA may operate a permanent national continuing education institute that offers courses to physicians on a year-round basis.

Dr. Parrott has expressed great concern about the thrust and proliferation of recent federal and state health legislative proposals that tend to make the delivery of medical care more rigid, less personal and increasingly subject to regulatory controls.

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"Individual responsibility for managing patient care is vital," Dr. Parrott emphasizes. "The personal doctor patient-relationship is central to good medical care. I think the physician can survive without it. But I'm not so sure the patient can."

Dr. Parrott was a member of the AMA's policy-making House of Delegates from 1961-1966. He was a member of the AMA's Council on Legislation from 1961-1965.

A past president of the Oregon Medical Association, Dr. Parrott helped establish the Oregon Medical Political Action Committee in the early 1960's. He was its first chairman.

Dr. Parrott was born March 4, 1915, in Saskatoon, Saskatchewan. He moved to Oregon in his youth, becoming a naturalized U.S. citizen and earned his M.D. degree from the University of Oregon Medical School in 1940. He completed his undergraduate studies at Oregon State University in 1938.

Immediately following his internship training in Oregon, Dr. Parrott entered the Army Medical Corps where he attained a distinguished record during World War II. Then an anesthesiologist, he landed with advance troops on both the Sicily and Normandy beachheads, administering anesthesia needed by first-priority surgery cases. He received six battle stars in recognition of his contributions to battlefield surgical teams.

His wartime service also took him to Tunisia where he was attached to the British 8th Army for a time and to Great Britain late in the year where he headed the anesthesiology department in a general hospital.

Following the war Dr. Parrott took his postgraduate specialty training in obstetrics and gynecology at the University of Michigan. He trained from 1945-1949 under Norman F. Miller, longtime chief of obstetrics and gynecology, and chairman of the Department of Obstetrics and Gynecology at the University. Dr. Parrott received his Master of Science degree in obstetrics and gynecology from the University in 1949.

He is a diplomate of the American Board of Obstetrics and Gynecology and a member of the American College of Obstetrics and Gynecology, the Pacific Coast Obstetrical and Gynecological Society and the Pacific Northwest Society of Obstetrics and Gynecology. He is assistant clinical professor at the University of Oregon Medical School. He also is a member of ACOG's Committee on Gynecological Practice.

He and his wife, Kathleen, have two daughters, both of Portland. Kathryn is a high school biology teacher, and Judith is an ophthamologist's assistant.

Dr. Parrott is a member of the Downtown Rotary Club and the Portland Chamber of Commerce. He also is a newly elected member of the board of directors of Oregon Blue Shield.

A.M.A. Biographical Data

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HIGHLIGHTS OF House Delegates Actions

American Medical Association
124th Annual Convention
Atlantic City, New Jersey
June 14-19, 1975

In the most momentous session to be held in decades, delegates at the 124th Annual Convention in Atlantic City urged vigorous AMA action in a number of medical problem areas—including malpractice and federal intervention—and then approved a substantial dues increase to assure the necessary financial support.

Meeting for 22 hours and 37 minutes, the longest Convention in recent memory, the House acted on 73 reports and 168 resolutions for a total of 241 items of business.

Repeatedly emphasizing stronger AMA involvement in confronting problems facing local physicians, an overwhelming majority of the House voted to raise annual dues of regular members to $250, intern-resident dues to $35, and to maintain student dues at $15.

ELECTIONS:

Delegates selected Richard E. Palmer, of Alexandria, Va., as president-elect. Others elected or re-elected to positions in the Association were:

Vice-President: George W. Slagle, Michigan.

Speaker of the House: Tom E. Nesbitt, Tennessee (re-elected).

Vice-Speaker of the House: William Y. Rial, Pennsylvania (re-elected).

Trustees, for 3-year terms: Joe T. Nelson, Texas (re-elected); Robert Hunter, Washington (re-elected); Jere W. Annis, Florida (re-elected); Joseph M. Boyle, California. For the unexpired two-year term of Richard E. Palmer, named President-Elect, Lowell H. Steen, Indiana.

Judicial Council: Blair J. Henningsgard, Oregon, succeeding George W. Petznick, Ohio.

Council on Constitution and Bylaws: Milton V. Davis, Texas, succeeding Louise C. Gloeckner, Pennsylvania.

Council on Medical Service: Donald R. Hayes, Massachusetts, (re-elected); William B. Hildebrand, Wisconsin (re-elected).

Council on Medical Education: Patrick J. V. Corcoran, Indiana, succeeding Bland W. Cannon, Tennessee; Warren L. Bostick, California, (re-elected); John W. Moses, Michigan, succeeding Vernon L. Wilson, Missouri.

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Final Remarks to the House, Malcolm H. Todd, AMA President

Malcolm C. Todd, AMA president, who gave his final report to the House on Sunday, June 15.

"Future shock," Dr. Todd said, "has hit our Association so abruptly, so hard, and in so many ways, that it has caused an identity crisis. Physicians wonder what the American Medical Association is today."

To remedy that, he suggested that continuity be established between past, present and future so the strengths of tradition could be drawn upon to make the future more solid.

Thus he said physicians must understand that the AMA, in coping with its own future shock, "is not abandoning its historic goals, but merely updating them."

And Dr. Todd urged that the AMA focus substantial energies on "quality of care—the objective for which this association was founded." The major thrust of this effort should be towards education, especially continuing education.

In support of that thrust, he asked delegates to consider AMA establishment of a "university without walls for continuing education."

"Operating in coordination with the medical schools, this university might confer an advance degree after a full year of educational activity. Through its university status and its conferral of degrees, it would lend a new image and a new prestige to continuing education," Dr. Todd said.

Dr. Todd called for a re-emphasis in medical schools on the training of men and women to practice medicine, rather than the growing emphasis on research and the training of researchers.

The National Institutes of Health, he said, are the logical pathways to research, and urged that the AMA legislatively support increased funding and physician involvement in the institutes' advisory bodies.

Several other areas call for decisive political action by the AMA, he said. "Medicine no longer can enjoy the privilege of being a sanctum . . . Politically, a steady stream of legislation —such as PSRO, HMO, public utility type legislation, and health manpower bills—has fallen upon our heads in heavy drops, like the water torture of the ancient Chinese.

"Often more important than the laws, are the highhanded regulations they entail—such as those on utilization review. Without any authorization from the U.S. Constitution, the regulatory agencies have become so powerful that I call them the fourth branch of government."

Thus Dr. Todd said the AMA must be concerned with "Big Brother" government. At the same time, he said, the AMA must support health programs to benefit all the "little brothers in America."

So he concluded that, "This Association must have the full support of our profession—numerically, morally, and financially. Otherwise it cannot do what it has to do, and we, as a profession, cannot do what we have to do."

NOTE: The complete Report of the Delegates Actions is now available at Mrs. Purdy's office.

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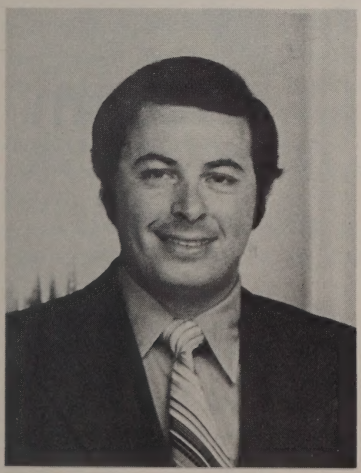

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NOTICE TO OUR READERS . . .

The Editorial Board of the Hampden Hippocrat wishes to inform its readers that classified advertisements will be accepted for inclusion in each and every issue. Submit your ad to Mrs. Alicia Willard; she will give you the details of this new feature.

H.D.M.S. GOLF DAY - 1975

Except for a most excellent roast beef dinner, enjoyed by only fourteen doctors, the golf tournament of the H.D.M.S. as such, was a failure.

Four foursomes—sixteen men played golf, July 23rd, on a beautiful day at the Wycoff Parks interesting and challenging course. Why only sixteen?

Your committee appreciated the society's appropriation of funds for trophies.

Dr. Richard Lavin won low gross with a 73.

Dr. Eric Rosenthal was "runner-up" with a 79.

Dr. Leo Newman won 1st low net and second low net was won by Dr. Roland Stebbins.

Another year we will hope to play in the Springfield area. Any suggestions, that will make this get-together more appealing to more golfing doctors, will be appreciated.

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THE PAGE OF THE HDMS'S WOMAN'S AUXILIARY

As those brisk days of fall begin to redden our children's cheeks and fill up our appointment calendars, let's take a look at what is new with the Auxiliary. A board meeting was held on Tuesday, September 9, at which many new items and plans for the coming year were discussed.

In brief a committee is forming to look into the disposition of scholarships. Such things as residency requirements, school location, and eventual goals of the student will be explored. Your opinion is welcome. Contact Mrs. Freeman Botnick.

Mrs. Gordon Rich announced to the group that checks amounting to $1,900 were mailed for the current semester to the recipients. There were 11 new scholarships granted and 8 renewals.

Mrs. Setrág Zacarian is heading a committee whose work will be to revise the Auxiliary by-laws stressing legislation, in an effort to keep members better informed of current medical legislation.

Mrs. William Walthall and Mrs. Carl Janovsky are busy with plans for the White Cap. They promise us an evening with a few new "twists." Circle November 1 on your calendar and plan to join us.

Mrs. Alonzo Sheffield and Mrs. Charles Leagus are organizing for our participation in the Health Fair in March.

Mrs. William Yorzyk is readying a "getting to know you" program to welcome new physicians wives to the community.

Mrs. Sante Calderola wants to remind everyone that she has AMA-ERF stationery, remembrance cards and gifts available. One of the newest and prettiest is the Auxiliary's bicentennial plate.

The Fall luncheon was held September 16 at the Yankee Pedlar. Everyone enjoyed a full program and delicious meal. Mrs. Richard Stranahan spoke on Oriental Flower Arrangements and Dr. Franco Dinale filled us in on the status of malpractice insurance.

At the luncheon a plaque was presented to Mrs. Edward Caruso from the Auxiliary in recognition of being named one of two Woman of the Year by the Springfield Chamber of Commerce.

Hope to see you all on the trip to Boston on Tuesday, October 7.

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Featured Article:

Reflections of the Immediate Past President of the Massachusetts Medical Society

One of the greatest compliments which one's peers can bestow upon a colleague is to place the mantle of the highest office in the Massachusetts Medical Society on his shoulders. By the same token, an awesome responsibility is assumed which is most humbling and yet, most challenging. The humbling aspect of the honor is the realization that the President represents all of the members of the Massachusetts Medical Society—certainly not himself and not any individual or any particular group thereof. The challenge is the constant effort and endeavor to synthesize the dissent and the potentially insoluble polarization of the devisiveness inherent in any body such as the Massachusetts Medical Society into a unified force for self and public beneficence in purpose, effort, and action. It is each past president's fondest hope, I am sure, that his colleagues found him worthy of the honor and trust which they originally endowed him with. Specifically, for my part, there is a gnawing inner feeling of disappointment stemming, perhaps, from objectives not fully attained or tasks not brought to full fruition. On the other hand, there is a certain warm inner feeling stemming in my pride in the dedication of my associates in the Society who did more than their due share in manning the ship during the storms of the past year. For this I am deeply grateful.

As I recall in detail the activities of the Society during the past year, the many accomplishments of the various committees, the many conferences with governmental officials and representatives of various organizations concerning mutual problems, and my participation in many of the district medical society meetings as well as those of other allied bodies, certain facts and principles come to my mind which I would like to share with you, particularly since they are bound to affect your fortunes today and tomorrow.

Administrative Medicine

There is an apparent deliberate campaign depicting physicians as not being interested in the public good but rather as being highly vested and prejudiced "money grubbers." Moreover, these same forces fully realize that "public opinion is the most powerful determinent and the ultimate force that in the long run will determine the social, economic, and political course in this country." The battle cry seems to be that "health is too important to be left in the hands of physicians." An example of the latter is the recently passed bill wherein the requirement that the Commissioner of Public Health of this Commonwealth be a physician with special education and training in public health and administration was rescinded. Although opposed by the Society, the Governor prevailed with support from a sympathetic legislature. Despite his vigorous efforts and obstinacy in this matter, the Governor turned right around and ultimately appointed a physician with special training and experience in public health and administration to the position. This does not necessarily mean a victory for the Society, but that the Governor probably found a physician empathic to his viewpoints. The changed statute is still a reality, and the principle still pertains because many other examples, not necessarily just in government, can readily be mentioned upholding this principle. Herein lies a challenge to us, the followers of the art of medicine, to increase the ranks of those physicians specializing in administrative medicine.

Preventive Medicine

John S. Millis writing recently in the *New England Journal of Medicine* stated: "Far too many people regard health as being 'doctored.' They, therefore, hope that with the right to unlimited access to physicians and hospitals, they will all be healthy. Surely 'doctoring' is a necessary element in health, but it is not sufficient. The provision of health services to all citizens will result in some improvement in our national figures on morbidity and mortality. However, that improvement may be disappointingly small. There are larger contributors to morbidity and mortality about which physicians and hospitals can do little. Accidents are the greatest cause of both morbidity and mortality for Americans between the ages of 1 and 37 years. Other important causes for all age groups are obesity, smoking, abuse of alcohol and other drugs, environmental pollution, and a life style that leads to psychosomatic disease. With the exception of environmental pollution, there is very little that society can do to control these causes except through intolerable restrictions on personal liberty. The control can only come through the behavior of the individual. Only his decisions and his actions can eliminate these causes of disability and death."

Our Society is fully aware of the aforesaid and the fact that preventive medicine works; hence, it must forge ahead strongly with its campaign on fighting "self pollution"; traffic accident prevention; its "be wise, immunize" program, and other similar innovative programs.

Controls

Politicians with proddings from various groups are trumpeting for comprehensive and high quality of health care for all. The bureaucrats of government, as well as the administrators of insurance plans, are lamenting about the high cost of health care in justifying their attempts to control costs within strained budgets. Physicians as well as all providers of health care are caught in this vortex of great demand with a limited supply of dollars. All sorts of schemes are being contrived to satisfy the ever increasing demand in the face of ever greater limitations on supply in the form of lubrication and fuel from dollars available for health care.

It is obvious that many in society and government are intent on industrializing and bureaucratizing the practice of medicine under the guise of making health care services more readily available, accessible, and less costly. Their approach is to treat the delivery of health care services as a public utility with an extreme regulation of charges, distribution of manpower and facilities, techniques and equipment, and competition.

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The corner has been turned. The issue is no longer between public utility control and pure free enterprise. The issue is how varied the intensity of controls are to be and by whom. Despite affrontation to our advocacy of such principles as personal freedom, initiative, and ingenuity, physicians, as well as all health care providers, are regulated to some extent in each of the three areas central to public utility regulation—market entry (licensing, certificate of need), price (fee schedules, rate reviews), and quality control. Up to now, controls have not been too stringent, but lately the political and bureaucratic tides have been moving in swiftly. Laws in 24 states now govern what health care institutions can build and how much they can spend on major equipment. Hawaii now covers physicians offices under such a law. Passage and implementation of PL 93-641—the National Health Services Planning and Resources Development Act—will further add muscle to this aspect. Our past experience with the administration of the certificate of need law in Massachusetts demonstrates the effect of machinations of autocratic, bureaucratic demagogues.

Former Governor Sargent's so-called "re-org-bill" creating the Health Services Regulatory Administration has not been forgotten. It was reintroduced into this year's legislature and it was overwhelmingly endorsed by the electorate in a non-binding expression of opinion during the last election. The Massachusetts Department of Public Health in its recently proposed rules and regulations pertaining to the licensing of clinics manifested far reaching intentions of rigidly controlling every aspect of physicians' private office practices.

The issue of periodic relicensure and recertification is ever increasingly coming to the fore and the Society's Committee on Medical Education must accelerate its activities to meet this threat.

Some 11 states have boards or commissioners that review, set, or approve rates of payment. Politically powerful forces in some states would like to cover physicians' fees. Massachusetts has its Rate Setting Commission. Need more be said? Private cost control efforts by Blue Shield and other third party payors have met with mixed success generally. In Massachusetts, however, Blue Shield with its "lock-in" Participating Physician's Agreement is enjoying a most successful hold on physicians which it is seemingly loathe to let go.

Our Society's newly created Committee on Advocacy for Members in Socio-Economic Affairs must seize the initiative and become most active as well as aggressive in negotiating favorable terms on the behalf of all self employed and full time employed physicians with respective third party payors and employers.

For physicians, quality is controlled by a loose system of peer review varying widely in effectiveness from area to area. However, PL 92-603 and particularly its section on PSRO's has wide reaching implications upon which the Commonwealth Institute of Medicine, the foundations, and the PSRO's must maintain self-determination.

For physicians, the question now is not so much whether they should be regulated but how. Our position, obviously is one of reaction and opposition to a governmentally mandated system of planning and regulation by a monolithic, centralized, massive bureaucratic authority stifling meaningful competition, innovation, and development of appropriate health care services and facilities. Little do the social planners realize or care that such coercion, compulsion, regimentation, deprivation of civil freedom, and sacrifice of individual rights is abhorrent to a people steeped in the tradition of liberty as embodied in our Constitution. Are physicians to be relegated to second class citizenship wherein they will enjoy less privileges under the Constitution than their fellow citizens? Let it not be forgotten that treatment accorded physicians, if unchallenged, can also be meted out to any group of individuals!

Our nation's resources are finite. Our nation cannot afford to do everything in health care for everyone everywhere that modern science makes possible. How far down this road of retreat and submission to controls can we physicians be pushed by a variety of strong forces seeking an unattainable utopia? In the light of the current crisis and dilemma facing us in the procurement and maintenance of professional liability insurance at a reasonable cost, despite the recently enacted statutory package, I have great fear as to what *quio pro quo* demands physicians may have to accede to in return for the right, yes, the privilege to practice medicine.

Unity

The public will not accept the fact of unavailability of health care services. This public reaction may play right into the hands of the social planners who are highly unsympathetic to our present system of health care delivery. Wisdom and rational thinking must prevail regardless of the sacrifices involved. Not only is our personal well-being at stake, but also that of our patients to whom we have a sworn duty.

Before we can solve the problems I have alluded to, we must overcome the problems of apathy, factionalism, and defeatism prevalent in our profession.

To be effective, we physicians need a strong umbrella organization not only with a democratic base providing participation for a full spectrum of membership ranging from conservatives to radicals, but also with a unity of purpose, effort, and action. It has been said that "the very essence of the democratic process is a dialogue of dissent and compromise." The Massachusetts Medical Society is a most democratic umbrella organization for the physicians of this great Commonwealth of ours. However, what it needs to be effective and strong is a unified, participating membership of physicians capable and willing to offer their time and energy in recognizing problems, gathering information, and making proper decisions. "Constructive dispute is invigorating. It leads to leadership." However, physicians must speak together if they hope to speak at all. I firmly believe that we physicians can all come together and put it all together under the banner of the Massachusetts Medical Society.

John C. Ayres, M.D.

"IN THE LONG RUN, EVERY GOVERNMENT IS THE EXACT SYMBOL OF ITS PEOPLE, WITH THEIR WISDOM AND UNWISDOMS" Past & Present — Thomas Carlyle

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Dennis, the Rented Cottage

Overhead, the sun high.
Shadows short on drying sand.
Children chatter in sand bar castles —
Tides receding into haz'd horizon.
Umbrella tassels fluttering
in the midnoon breeze.

Family groups going up for lunch,
and naps.
Sea grass gently standing
as silent wafting sentinels,
holding the afternoon in abeyance,
until nap time ends.

No soaring gulls, or busy pipers
scurry in the wake.
A tranquil drowsiness follows lunch
and swims.
The ball games end — fiesta
quiets descends.

There is a cherished time,
after the family has gone up to sleep.
It has no legitimate time-cycle, in
name,
It is between warm milk,
and turned down comforters, and
the first greys of waning night.

The deep dreams of loved ones
soothe and repair the small brazures'
Burns of daylight concerns.
There is a deep sense of silent
accomplishment that descends over
the street.
Leaves seem to slumber,
Waft in slow breeze.

I would beg of you to hear the day's
commands,
to heed the ebbs on sun and shadow.
Live within the concentric web of dawn
to dusk.
Listen with your inner ear
to the wing's way.

At dawn, seek out the dew'ed blade,
the droplet on the rose leaf,
the nurture of the night's feast,
the spiders crusp,
the powder of the swallow's smile

The crusts of eventides farewell,.

John Francis Speight
A Friend to the Hippocrat

Summer Reflections

No human could possibly prune
all God's great orchards,
nor tend his multitudinous trees.

Winters wild blustery winds,
and caustic layers of abrasive ice
are the winnowing shears of the Lord.

Somehow they tear down the
weakened limbs,
and send them amidst snow and ice.
Into ground cover, spring fertilization,
for renewed growth.

It is simple to repeat
the story of the origin of Life,
but no man who has seen
The simple cycle of the forest's life
can ever say
I have seen the beginning, the
fulfillment,
and the renewal.

It is impossible to walk amongst tall
pine,
and not see all that is divine.

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PHYSICIAN'S HOBBIES:

Still Another Man's Release—
Gilbert and Sullivan

The opportunity to make music and to make people laugh at the same time is an irresistible lure to me. It's an inherited trait. Mendelian dominent, I wouldn't be surprised. My father wrote and produced five complete original musicals during his school teaching career. He wrote the music. One of the priests wrote the book and they wrote the lyrics together.

I was introduced to "Gilbert and Sullivan" by my father, he appeared in "Princess Ida" the week I was born and I narrowly missed being christened Hilerien in consequence. From my earliest days the house resounded with the strains of "Islanthe" when "The House of Peers throughout the year did nothing in particular—and did it very well" and "The Gondoliers" where in the Duke of Plaza Toro leads his regiment from behind because he "finds it less exciting," I find Gilbert's words more quotable than almost any other writer in the English language except perhaps Shakespeare and P. G. Wodehouse.

During my childhood I saw just about the whole Gilbert and Sullivan repertoire. The D'Oyly Carte Company came to Liverpool about every two years. I saw Martyn Green in "The Gondoliers" in one of my very first visits to the theatre. While in medical school I was in the chorus for a couple of amateur productions but since my arrival in the United States fifteen years ago I have never lived in an area where Gilbert and Sullivan was done—Baltimore, Washington, St. Louis—cultural wastelands all.

However, I have enjoyed a fairly extensive experience in musical comedy. I appeared with the American Light Opera Co. at the White House of L.B.J. and I sang "Get me to the Church on Time" at Constitution Hall. While living in Maine I played in "High Button Shoes," "Can Can," "Mame," and "Anything Goes" but I have severe limitations as far as American musical comedy goes. One is my accent which still retains faint but unmistakable traces of the land of my birth. I played a con-man's shill in "High Button Shoes" with a broad cockney accent "faute de mieux." My accent as Beauregard Burnside in "Mame" would have made Jefferson Davis spin in his grave.

The second limitation is the quality of my singing voice. I sing in tune and the words are generally distinguishable but Richard Tucker I'm not—nor yet Gregory Gallivan—Cardinal Cushing perhaps!

Fortunately each Gilbert and Sullivan has a part in it which calls for precisely the commodity of audible words—the "Martyn Green" role:—not only *a* part but frequently *THE* part.

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Conceive then my delight when on arriving in Springfield, I learned that not only was Gilbert and Sullivan performed nearby but that it was done by a group of national calibre and under the direction of none other than Martyn Green. Oh, joy! Oh, rapture! Unfare seen, a wasteland no longer.

In the past two years I have had two of the greatest thrills of my life. I have played Bunthoane in "Patience" under the direction of Martyn Green and last month Koko in "The Mikado."

There is a tremendous lot of effort required to put on a major production. The Simsbury Light Opera had over 120 people actively involved in "The Mikado" for four months. Our production expenses are over $15,000. We have to sell 4000 tickets just to cover expenses. Fortunately, this year we sold out the house —over 6000 seats (in six performances).

For me there are two bad periods. One is about a week before the opening. By that time you begin to lose confidence in yourself and the play. Nobody is laughing at your carefully contrived business—they've seen it all before. You need that audience. The other bad time occurs with every performance. That is the wait for the first entrance. This is acute physiologic discomfort. The hands are icy, the mouth is dry and the stomach sick. Then on you go—the first response—the first laughter—the first applause. What a discerning audience!

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Philip Keating, M.D.

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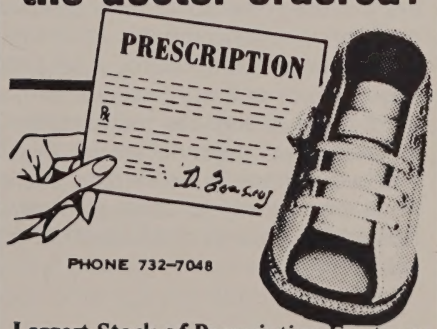

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EDITORIAL COMMENT:

"May the Reverse Be My Lot!" — Hippocrates

'MAYHAP IT WILL' — The Editor

— I swear by Appollo the physician, by Esculapius, Hygeia and Panacea and I take to witness all the gods, all the goddesses to keep according to my ability and my judgement the following OATH:::

"To consider dear to me as my parents him who taught me this art; to live in common with him and if necessary to share my goods with him; to look upon his children as my brothers, to teach them this art if they so desire without fee or written promise; to impart to my sons and the sons of the master who taught me the disciples who enrolled themselves and have agreed to the rules of the profession, but to these alone—the precepts and the instruction. . . ."

Why does the name of that other hospital(s) and its medical staff raise the hackles on our backs? If we believed in our OATH, it could not happen. It can't be because our economic/earning ability is threatened—there is more work and unanswered calls to practice than we all can handle properly. It can't be because our professional ability/authority is threatened—the Hampden District is blessed with many fine groups of talented physicians, capable of delivery all three levels of care. It can't be because of religious intolerance, our medical staffs are well mixed and of diversified persuasions. Our OATH makes us and binds us as brothers; sibling rivalry is expected but not fear fratricide. What then causes the suspicions to cloud and curdle our thinking, whenever that other hospital(s) is mentioned? Has anyone from that other hospital(s) ever personally threatened you or your professional status? Has anyone told you you were inferior or that you did not know what you were doing; perhaps rumor and third hand telling are responsible. As professionals who apply the scientific method, should we not also apply the method to study why the hackle raising and what triggers the negativism which engenders the anxiety and anguish? Must we forever do battle (real or imagined) with the other physician and his hospital? Can we not sit down and plan together for the commonweal and our patients?

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"I will prescribe regimen for the good of my patients according to my ability and my judgment and never do harm to anyone. To please no one will I give a woman a pessary to procure abortion. But I will preserve the purity of my life and my art. I will not cut for stone, even for patients in whom the disease is manifest; I will leave this operation to be performed by practitioners (specialists in the art). . . ."

Let not the non-physician influence us to forget or *dis*heed our pledge to Apollo et al; Let not the politician push us apart by devisive law or regulation; Let not the administrator cajole us into false serenity with promises to do everything for us or to excite us with promises of empires; Let not the planner assume that he or she knows better than we the professionals, what is best for our patients and practices. Since the OATH was first composed, the advances of medical practice have necessitated reinterpretation. Physicians have established guidelines and have accepted the practitioners as surgeons. The moral and ethical issues raised by the above quotation are now modified by practice and evolution in thought but still cogent. What we now hold dear and true, what we can imagine from new problems (such as genetic manipulation) must be dealt with first by ourselves as to an issue's ethic, then discussed with the laity and other professions which have an interest therein. Wherever and whenever the practice of medicine is taken out of the hands of the physician—health care becomes poor. Differentiation must be made between the practice of medicine and the delivery of health care. The physician is responsible for the former, the community for the latter.

Still physicians must not proceed with a closed or disinterested mind. The delivery of health/medical care (not its practice) can be improved. Here non-physicians experts can and should be heard and their advice integrated into our medical practices.

"In every house where I come I will enter only for the good of my patients, keeping myself far from all intentional ill-doing and all seduction, and especially from the pleasures of the love of women or of men, be they free or slaves. All that may come to my knowledge in the exercise of my profession or in daily commerce with men, which ought not to be spread abroad, I will keep secret and will never reveal. . . ."

The privileged communication between patient and physician is under direct attack from the bureaucracy associated with federal and state government. A proper balance must now be struck, so that evaluation of treatment results and delivered health care will enable the payor to justify his payments to the provider/physician but that the confidence of disordered health known to the physician remain such. Big brother computer does not need to know the exquisite subdiagnoses which affect medical practice but do not necessarily disrupt the delivery of health care. I am sure that there will be no change in professional conduct, as it relates to delicate evaluations and examinations, from that which the early physicians and practitioner foreswore. Confidentiality may obfuscate detailed computer readouts and possibly delay evaluation of rare interrelated conditions but it will preserve the essential first contact and revelations of patient to physician. Thus that which ought not to be spread about ought to remain within the physician's breast.

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"If I keep this oath faithfully, may I enjoy my life and practice my art, respected by all men and in all times; but if I swerve from it or violate it, may the reverse by my lot."

The physician's cloak can be and is both real and imagined. The mystery of medicine exists—all men retreat from overpowering the physician when their health and life is at stake and in the physicians' hands. None of us uses this knowledge as a weapon, but as a fact that leads our patients into following our advice. When health is restored or no longer under threat, our advice and "power" evaporate; beyond this we must convince through logic and strength of character. We were trained in the scientific method and we should apply its processes to our would be cofounders or against those who claim superior insight into the practice of medicine. Thus that which we have learned from our teachers and brothers and have accepted as good in and for the practice o medicine we must vigorously protect and even fight for. As medical science advances through the decades, truths will be discarded as falsehoods and new revelations of health and disease will confront us. By using our training and core knowledge, we can establish the new in our practices. Likewise, as new concepts develop in the delivery of health care, an open mind and a willingness to listen to other professionals as equals must be pursued if we are to maintain the respect of our fellow men and women. That respect will also be engendered by looking within our profession and rooting out the incompetent, inept and nonable and those who use the degree of medicine for personal gain exclusively. Programs which reveal our dedication to continuing education, internal policing and better distribution of resources, both personnel and facilities must come from our ranks and not that of the planner or bureaucrat.

Therefore; my fellow physicians, I would urge you all to reread Hippocrates' oath and apply yourself to it and it to your practice. The existing interstaff and hospital rivalry can be eliminated by trusting your brother as you do yourself. Constructive competition and friendly rivalry are good but some of the impasses into which we have pushed or have been pushed is only degrading. 'Know thyself' is still an apt aphorism and as physicians we all must bind together against those who would relegate our time honored profession to a mere trade or technological accomplishment. The practice of medicine has been assigned to us, let no nonphysician take it from us, under any guise. Because we hold a unique position of trust from our patients, we must hold in our breasts many facts not to be committed to a computer; yet we must learn to assist the planner in his search to improve the delivery of health care. P.S.R.O. may or may not be that way. Men and women now respect us. To keep that respect we must show that we can move with the times and new ideas and we must also show that we have the internal fortitude to clean our own stables and remove from our midst, those physicians who no longer espouse or follow the OATH and who no longer hold our own respect.

Indeed if we do trust our brother, keep our ranks and knowledge firm and advancing, practice medicine and assist in health care delivery and monitor our selves to the scientific method and fashion—then we will enjoy our lives and our practices. The reverse will be our lot if we fail and we alone will be the cause and the blame.

The Editor-in-chief

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LETTERS TO THE EDITOR:

To the Editor:

In reply to Dr. S. A. Zacarian's letter, June 1975 issue of the *Hampden Hippocrat,* I feel he has misinterpreted my views and remarks. When he quoted my statement, "America is not the land of opportunity", he omitted my next line (and without it the text is unclear and subject to misinterpretation). The line is: "It was in the past and it may be in the future, but not now." This is unfair reporting. And I back up this statement by recalling what President Ford said in his State of the Union address to the Congress: "The State of the Union is bad." President Ford should know.

I completely disagree with Dr. Zacarian's statement . . . "that through scholarships and aids provided by our citizens, he (referring to me) established himself here." I established myself in my profession long before I came to the United States. When an alien is from an Asiatic country, it becomes a Herculian task for that alien to establish himself here, due to limited opportunities, communication problems and vast cultural differences. It took me about six years to become a citizen and also to overcome many of these obstacles.

Referring to his comment regarding aids and scholarships to foreign students, I would like to remind him that when much is given, much is expected. Such privileges are given not only for humanitarian reasons and as a good will gesture, but it is also done in the nation's best interest. When some of these recipients, as myself, are absorbed as United States citizens, it results in greater returns, by virtue of their talents and contributions, to our United States.

As a matter of fact, almost every country in the world gives scholarships or government-sponsored student exchanges. My former country has been giving scholarships and government-sponsored student exchanges to United States citizens to study in India, but due to lack of affluence and vast cultural differences, the students do not opt to stay there and return to the United States.

Referring back to my statement regarding opportunity in America today, I feel that previously America had vast opportunity for everyone. Now, however, I feel that Americans in general and new Americans in particular find it increasingly difficult to find opportunities at their level. It seems to be a land of opportunity (today) for Nobel Laureates, physicians, and people connected with the health care and delivery system.

My remarks about our senior citizens were never meant to insult, ridicule or hurt anyone. Because of my heritage, I have the greatest respect and reverence, compassion and concern for the elderly. I am moved by the plight of our senior citizens. And what I said in my article is being written constantly in our newspapers and magazines and has been the subject of many T.V. programs. We are all aware that something should be done for the elderly in this land of such plenty.

And, Dr. Zacarian, sad to say but children die in all countries. In India there have been deaths due to starvation but seldom, if ever, from neglect or abuse. The family bond is very strong in Asian countries and children are cherished. Child abuse has been

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LETTERS TO THE EDITOR (Cont.)

a problem in America and Sociologists feel it is due to the breakdown of family life. This is not peculiar to the United States alone, but appears to be a common phenomenon in highly industrialized nations. If the sociologists are correct, then restoration of family life should be the concern of each of us.

Dr. Zacarian's question about what I have done to alleviate the conditions in my former country has been the one question which has been most important to myself. With conditions in India as they are now I am better able to help, through my daily achievements here in the United States, and this I will continue to do—resulting in a twofold blessing. I can return my energies to help the country which has been so good to me, and I also can earn enough money to support my family here and also my loved ones abroad. Also I would suggest that anyone who is interested might read a feature article, published in the 1975 Year Book of the Encyclopedia Britannica titled: "World Without Want," which also deals with this subject.

I agree with Dr. Zacarian when he points out the shortcomings of National Health Insurance. Perhaps interested and dedicated people could review the mistakes it has and all other problems involved with treating patients and come up with an overall program much more suitable for everyone. It would be worth trying.

Like Dr. Zacarian I too am proud and most grateful to be an American. In pointing out the shortcoming and problems in our society it is my hope that we can get together and work together to change the conditions that need improvement and make America a still better place to live.

Ibrahim B. Syed, D. Sc.

IN MEMORIAM

Mrs. James F. Flanagan
1893 - 1975

Mrs. James F. Flanagan, former secretary-librarian of the Springfield Academy of Medicine, passed away on June 7th at the home of her daughter in Vlottenberg, South Africa.

"Gracie," as she was known to her many friends and associates, came to the Academy in May 1954 just prior to the move to the present quarters in the Springfield Municipal Hospital. Her greatest pride was the completion of the library in the new and expansive setting.

After ten years with the Academy, Gracie began to consider the long distance between her and family and with a goliath decision set about to make arrangements to move body and furniture to the other side of the world to be nearer her loved ones. April 1965 she started the long flight to a new home. She made one return trip to the United States and her native Holyoke five years ago only to be unexpectedly confined much of the time to Holyoke Hospital.

In her retirement from the Academy of Medicine we quote Dr. Max Millman who wrote, "Her amiable personality will be surely missed by all who visit the Library or attend Academy meetings." This now belongs to the ages.

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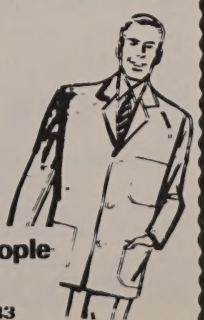

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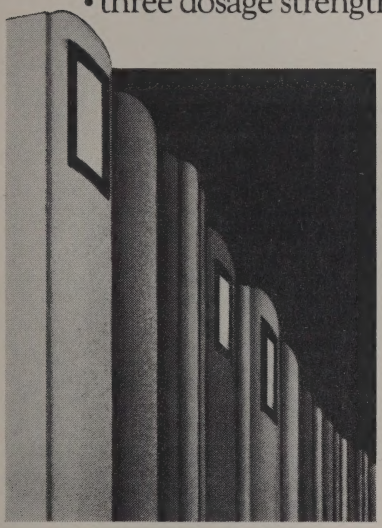

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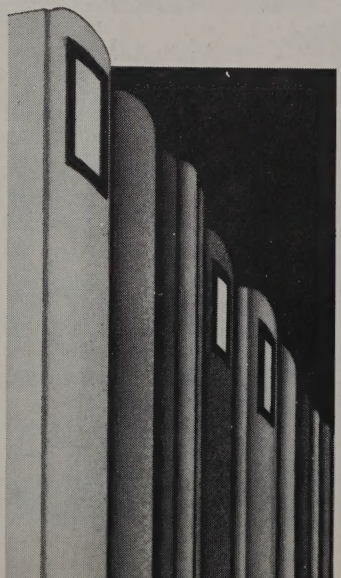

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